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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 6732

SERIAL NUMBER 09/273,164	FILING DATE 03/19/1999 RULE	CLASS 435	GROUP ART UNIT 1641	ATTORNEY DOCKET NO.
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APPLICANTS

ROBERT MICHAEL ROBERTS, COLUMBIA, MO;

JONATHAN ANDREW GREEN, COLUMBIA, MO;
SANCAI XIE, WEST CHESTER, OH;

** CONTINUING DATA *****

This appln claims benefit of 60/078,783 03/20/1998
and claims benefit of 60/106,188 10/28/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/26/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MO	SHEETS DRAWING 6	TOTAL CLAIMS 181	INDEPENDENT CLAIMS 68
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ADDRESS

Steven L. Highlander
FULBRIGHT & JAWORSKI L.L.P.
600 Congress Avenue Suit 2400
Austin , TX
78701

TITLE

COMPOSITIONS AND METHODS FOR EARLY PREGNANCY DIAGNOSIS

FILING FEE RECEIVED 8858	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/273,164 ✓	03/19/99 ✓	435	1643	

APPLICANT

ROBERT MICHAEL ROBERTS, COLUMBIA, MO; JONATHAN ANDREW GREEN, COLUMBIA, MO; SANCAI XIE, WEST CHESTER, OH.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/078,783 03/20/98 ✓

VERIFIED PROVISIONAL APPLICATION NO. 60/106,188 10/28/98 ✓

Yes, LVC

371 (NAT'L STAGE) DATA***

VERIFIED

No, LVC

FOREIGN APPLICATIONS***

VERIFIED

No, LVC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/26/99 ✓

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MO	SHEETS DRAWING 6	TOTAL CLAIMS 181 24	INDEPENDENT CLAIMS 58 1
Verified and Acknowledged <u>LVC</u> Examiner's Initials _____			Initials _____			

ARNOLD WHITE & DURKEE
P O BOX 4433
HOUSTON TX 77210-4433

ADDRESSES

COMPOSITIONS AND METHODS FOR EARLY PREGNANCY DIAGNOSIS ✓

FILING FEE RECEIVED \$8,850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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